

INDIVIDUAL SUPPORT, CRISIS PREVENTION AND INTERVENTION PLAN AGREEMENT

PART I - FACE SHEET

Demographics	
Name:	DMR Region:
Date:	S.S.#:
D.O.B.:	Telephone #:
Address:	

Living Situation (check appropriate box):	
<input type="checkbox"/> lives with family <input type="checkbox"/> lives alone with supports	<input type="checkbox"/> lives alone <input type="checkbox"/> lives in residential program
describe:	

	<i>Diagnosis</i>		<i>Insurance</i>
Axis I		Medicaid #	
Axis II		Medicare #	
Axis III		Private Ins. #	
Axis IV		Other	
Axis V		Other	

Current Medication		
<i>As of:</i> ___/___/___		
<i>medication</i>	<i>dose</i>	<i>frequency</i>

Medical/Dental Conditions

Communication Style - Primary Language

Strengths/Skills/Interests

Circle of Support/PROVIDERS

<i>Type</i>	<i>agency</i>	<i>Name</i>	<i>Address</i>	<i>phone #</i>
<i>Guardian</i>				
<i>family contact</i>				
<i>Residential Program</i>				
<i>Work Program</i>				
<i>Case manager</i>				
<i>Individual Clinician</i>				
<i>Primary Physician</i>				
<i>Psychiatrist</i>				
<i>Therapist</i>				
<i>Neurologist</i>				
<i>MH Team</i>				

PART II - GENERAL GUIDELINES

Describe general patterns of behavior, personality traits, etc. that are part of who the individual is: (i.e. has a good sense of humor; skills, interests, does best when given "space", ways to develop rapport, etc.):

Describe the environment (system) in which the individual lives:

Describe factors that create increased stress for the individual (i.e., anniversaries, holidays, noise, change in routine, anticipation of a planned event, fatigue, inability to express medical problems or to get needs met, etc.):

Describe the nature of any legal involvement the individual has had. Is there or has there been any court involvement? Describe how (or if) this affects his/her supervision needs. Are there situations that care providers should be aware of in order to maintain safety for the individual and others?

Describe situations and/or behaviors that have historically led to crisis service use and/or hospitalization for this individual:

Describe alternatives that have been effective in keeping the individual out of crisis. Have alternative services i.e. respite and diversion to hospitalization been used effectively?

Part III

Hierarchy of Behaviors

	<i>Stage I</i> <i>Baseline needs for stability</i> <i>least restrictive intervention</i>			
Behaviors/Signs/Symptoms	Setting events	Triggers	Interventions	Persons Involved/Phone #'s

<i>Stage II</i>		<i>Onset of difficulties</i>	<i>increased intervention</i>	
Behaviors/Signs/Symptoms	Setting events	Triggers	Interventions	Persons Involved/Phone #'s

Stage III		increased intensity		
Behaviors/Signs/Symptoms	Setting events	Triggers	Interventions	Persons Involved/Phone #'s

Stage IV		crisis	External	
Behaviors/Signs/Symptoms	Setting events	Triggers	Interventions	Persons Involved/Phone #'s

PART IV - DISPOSITION RECOMMENDATIONS

Specify what options have been most successful in the past; whether the individual has been to respite and does well there, which hospital is the hospital of choice, if necessary, etc.

PART V - BACK-UP PROTOCOL

Describe the systems emergency back-up protocols to support the individual:

Outline specific protocols under which the mental health crisis team or other emergency supports will be accessed.

PART VI - SIGNATURES/APPROVALS

NAME:

CIRCLE OF SUPPORT SIGNATURES		
	<i>Signature</i>	<i>date</i>
Individual (OPTIONAL)		
Parent/guardian		
DMR Case Manager		
DMR Psychologist		
Psychiatrist		
Primary medical provider		
Day Program rep.		
Residential program rep.		
Neurologist		
Respite program rep.		
Mental Health Crisis Team representative		
Other		

ADMINISTRATIVE APPROVAL		
	<i>Initials</i>	<i>date</i>
DMR Administrator		
Mental Health Crisis team administrator		